

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/383114

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3		1				
4		2				
5		3				
6		3				
7		3				
8		3				
9	1					
10		1				
11		1				
12		2				
13		3				
14	1					
15		1				
16		2				
17	1					
18		1				
19		2				
20	1					
21		1				
22		2				
23		2				
24		2				
25	1					
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27	1					
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50						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	36	←		←		←
TOTAL CLAIMS	44					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMEENDMENTS